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APPLICANTS

Gabriel L. Romero, Colorado Springs, CO;

Fred Smith, Colorado Springs, CO;

** CONTINUING DATA *****

None Mee

** FOREIGN APPLICATIONS *****

None Mee

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 08/25/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CO	SHEETS 3	TOTAL CLAIMS 19	INDEPENDENT CLAIMS 3
Verified and Acknowledged	<i>Murphy Mee</i>		Examiner's Signature Initials				

ADDRESS

24319
 LSI LOGIC CORPORATION
 1621 BARBER LANE
 MS: D-106
 MILPITAS , CA
 95035

TITLE

Low-impact analyzer interface

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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